

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C
Taxi from

Swamp Fox Taxi Service, LLC

2/6012
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-139-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Calette Grant

Address:

908 Pond Rd.
Florence, SC 29506

Telephone:

(843) 206-4286

Fax:

(843) 7423-3236

Other:

(mailing address) PO Box 448 Marion SC 29571

Email:

lette-lette350@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☒ Application – Class C Taxi
- ☐ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
MAR 27 2009
PSC SC
DOCKETING DEPT.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE March 24, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Swamp Fox Taxi Service, LLC

2. (a) Street Address of Applicant 908 POND Rd.

Florence, SC. 29506

- (b) Mailing address, if different from street address PO BOX

448, Marion, SC. 29571

- (c) Telephone Number 843-206-4286 Fed. ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Calette Grant

Kinya Mishoe

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: March Year: 2009

Assets:	
Cash	5,000
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	7,000
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	200.00
Prepays and Other Assets	0
Total Assets	12,200.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0.00
Capital Stock	0
Retained Earnings	0
Total Equity	0.00
Total Liabilities and Equity	0.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Marion

I, Calette Grant, owner

(Name of Applicant's Representative)

(Title)

of Swamp Fox Taxi Service, LLC, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 1612 S. Main St, Marion SC

This the 25th day of March 2009

Jacqueline McGill

(Notary Public)

Calette Grant

(Signature of Applicant's Representative)

Commission Expires: My Commission Expires December 31, 2010

Jacqueline McGill 2

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SWAMP FOX TAXI SERVICE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 20th, 2009, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 23rd day of March,
2009

Mark Hammond

Mark Hammond, Secretary of State

EXHIBIT C

CLASS C

TAXI X

CHARTER _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant SWAMP FOX TAXI Service, LLC

For the transportation of passengers as follows:

Area to be served: Marion, Dillon, Florence and
Horry Counties

Number of passengers: up to 7 passengers

Fares: \$125.00 max. fare

Date 3-24-09

Calette Grant
By

owner
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: 3-24-04

Swamp Fox Taxi Service, LLC
(Applicant)

(Applicant)

(Applicant)
Caletty Grant
(Applicant's Representative)

(Applicant's Representative)

Owner
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Swamp Fox Taxi Service, LLC

(Name of Motor Carrier)

PO Box 448, Marion SC 29571

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

50,000 / 100,000 / 25,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Canal Insurance Company

(Insurance Company Name)

PO Box 7, Greenville, SC 29602

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3-24-2009

Date

[Signature]

(Authorized Insurance Company Representative)

Rev 5/07